

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS15ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/02/2010
NAME OF PROVIDER OR SUPPLIER THE SALVATION ARMY ADULT REHAB-MENS		STREET ADDRESS, CITY, STATE, ZIP CODE 211 N JUDSON N LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the Complaint Investigation conducted at your facility on 12/1/10 through 12/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seventy nine (79) residential program beds for the treatment of abuse of alcohol and drugs. Complaint #NV00027062 was substantiated. See tag D250.	D 000		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.	D 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 250	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and record review on 12/1/10, the facility failed to comply with chapter 446 of NRS.</p> <p>Findings include:</p> <p>The grease trap and floor drains had not been properly maintained, resulting in the back-up and overflow of sewage onto the floor of the kitchen while food preparation was in progress.</p> <p>Severity: 2 Scope: 3</p>	D 250			

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